

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 148  
Registered No. 238

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Garfield Thomas Williams (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 9-21-25  
Month Day Year

8. FATHER  
Full name Garfield Williams  
9. Residence (Usual place of abode) Globe  
If non-resident, give place and state. Ariz.  
10. Color or race white  
11. Age at last birthday 26 (Years)  
12. Birthplace (city or place) \_\_\_\_\_  
(State or country) England  
13. Occupation  
Nature of industry miner

14. MOTHER  
Full maiden name Bessie Fay Taylor  
15. Residence (Usual place of abode) Globe  
If non-resident, give place and state. Ariz.  
16. Color or race white  
17. Age at last birthday 18 (Years)  
18. Birthplace (city or place) Globe  
(State or country) Ariz.  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 1  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 4:45 P. m. on the date above stated  
(Born alive or stillborn.)

Signature C. W. Adams  
Globe, Ariz.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year 7-30-25  
733-921-239  
Registrar

Filed 9/30, 1925 W. W. Korf  
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

REMARKS RESERVED FOR BRANDING